

CJA 24 AUTHORIZATION AND VOUCHER FOR PAYMENT OF TRANSCRIPT

1. CIR./DIST./DIV. CODE ALM		2. PERSON REPRESENTED Snipes, Dexter <i>Dexter Snipe</i>		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 3:06-000095-001		5. APPEALS DKT./DEF. NUMBER	
6. OTHER DKT. NUMBER		7. IN CASE/MATTER OF (Case Name) U.S. v. Snipes		8. PAYMENT CATEGORY Felony	
9. TYPE PERSON REPRESENTED Adult Defendant		10. REPRESENTATION TYPE (See Instructions) Criminal Case		11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 21 841A=ND.F -- NARCOTICS - SELL, DISTRIBUTE, OR DISPENSE	
REQUEST AND AUTHORIZATION FOR TRANSCRIPT 2006 NOV -7 P 2:18					
12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED (Describe briefly) APPEAL TO THE UNITED STATES COURT OF APPEALS, 11TH CIRCUIT					
13. PROCEEDING TO BE TRANSCRIBED (Describe specifically). NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14). SUPPRESSING HEARING PROCEEDINGS HELD ON 8/7/06, JURY SELECTION/TRIAL HELD 8/7-8/06, & SENTENCING PROCEEDINGS HELD 10/12/06 BEFORE JUDGE THOMPSON, M.					
14. SPECIAL AUTHORIZATIONS (Services Other Than Ordinary)					Judge's Initials
A. Apportioned Cost % of transcript with (Give case name and defendant)					
B. <input type="checkbox"/> Expedited <input type="checkbox"/> Daily <input type="checkbox"/> Hourly Transcript <input type="checkbox"/> Real Time Unedited Transcript					
C. <input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal <input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> Jury Instructions					
D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.					
15. ATTORNEY'S STATEMENT As the attorney for the person represented who is named above, I hereby affirm that the transcript requested is necessary for adequate representation. I, therefore, request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act. <i>James I. Lane</i> <i>Stad By Counsel</i> <i>11/7/06</i> Signature of Attorney Date <i>Dexter Snipe</i> <i>pro se</i> Printed Name Telephone Number: <i>334-215-1988</i> <input type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Atty <input checked="" type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization			16. COURT ORDER Financial eligibility of the person represented having been established to the court's satisfaction, the authorization requested in Item 15 is hereby granted. <i>mta.07</i> Signature of Presiding Judicial Officer or By Order of the Court <i>11/9/2006</i> Date of Order Nunc Pro Tunc Date		
CLAIM FOR SERVICES					
17. COURT REPORTER/TRANSCRIBER STATUS <input checked="" type="checkbox"/> Official <input type="checkbox"/> Contract <input type="checkbox"/> Transcriber <input type="checkbox"/> Other			18. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix.) AND MAILING ADDRESS <i>MITCHELL P. REISNER</i> <i>222 Cloverfield Rd.</i> <i>HOPE HULL, AL 36043</i> Telephone Number: <i>265-2500</i>		
19. SOCIAL SECURITY NUMBER OR EMPLOYER ID OF PAYEE <i>043-46-0584</i>					
20. TRANSCRIPT	Include Page Numbers	No. of Pages	Rate Per Page	Sub-Total	Less Amount Apportioned
Original <i>8-7-06</i>		<i>72</i>	<i>3.30</i>		<i>237.60</i>
Copy <i>8-8-06</i>		<i>141</i>	<i>3.30</i>		<i>465.30</i>
Expenses (Itemize) <i>10-12-06</i>		<i>23</i>	<i>3.30</i>		<i>75.90</i>
TOTAL AMOUNT CLAIMED:					<i>\$ 778.80</i>
21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. <i>Mitchell P. Reisner</i> Signature of Claimant/Payee Date: <i>11-8-06</i>					
ATTORNEY CERTIFICATION					
22. CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received. <i>James I. Lane</i> <i>11/8/06</i> Signature of Attorney or Clerk Date					
APPROVED FOR PAYMENT - COURT USE ONLY					
23. APPROVED FOR PAYMENT <i>mta.07</i> Signature of Judicial Officer or Clerk <i>11/9/2006</i> Date				24. AMOUNT APPROVED <i>778.80</i>	